

S E C R E T

DETACHMENT H

15 July 1969

STANDARD OPERATING PROCEDURE

H-20-8 This Supersedes H-20-8 dated 24 March 1969

SPECIAL ALLOWANCE OR PER DIEM PAYMENT

- I. PURPOSE: To establish the criteria by which personnel qualify for monthly payment of a Special Allowance or Per Diem.
- II. SCOPE: The provisions of this SOP are applicable to personnel who are assigned PCS to Detachment H. 15 August 1968 is the effective date for implementation.
- III. RESPONSIBILITY: The Detachment Commander is responsible for determination of qualifying criteria. The Director of Support is responsible for determination of amounts to be paid and for making monthly payments.
- IV. PROCEDURES:
  - A. Individual personnel are responsible for the completion and authentication of the Detachment Form titled "Claim for Special Allowance" (Attachment #1). The form will be completed and given to the Finance Section on the 15th of each month, or the first working day following the 15th should that date be on a non-work day. If on TDY, or in a non-duty status on the 15th, personnel will turn in the form upon return to duty.
  - B. The Finance Section will compute the amount to be paid and make payment to the individual NLT two work days following form submission. The completed forms will be retained by the Finance Section IAW Project Field Regulations.
- V. GUIDELINES: The following guidelines are provided to determine qualification for payment of all, or a part of, the monthly Special Allowance.
  - A. Payments in appropriate amounts will be made to personnel who remain on base overnight for assigned duties or operational requirements. If an individual is scheduled for official duty hours at Detachment "H" that will exceed ten

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hours he is encouraged to remain on base overnight either the night before or the night of the duty day in excess of ten hours, and is authorized to indicate "REQUIRED" in the appropriate column on the Special Allowance Form for the applicable night.

- B. Directorate Chief signature in the applicable space on the Claim form certifies the correctness of the number of nights the individual was required and/or authorized to remain overnight in performance of officially required duties. To facilitate Certification by the Directorate Chief, and subsequent administrative review and approval, individuals are to indicate in the remarks column the reason(s) for nights checked as "REQUIRED" on base. The reverse side of the Special Allowance Form is to be used if the "REMARKS" space is insufficient to adequately explain nights "REQUIRED" on base. Any explanations on the reverse side of the form are to be keyed to the applicable date.
- C. Eight (8) required nights spent on base from the 15th of one month through the 14th of the following month is qualification for payment of the full Special Allowance. Reduction at the rate of  $12\frac{1}{2}\%$  (1/8th) of the full Special Allowance will be made for each night under or less than eight (8) nights spent on base during this period.
- D. Qualification for payment will be on a monthly period only. (15th of one month through the 14th of the succeeding month). Retroactive payments will not be made for any period of non-qualification nor will any number in excess of eight (8) nights spent on base during one period be carried forward to the next period(s).
- E. A reduction in the amount of 1/30th of the Special Allowance per calendar day will be made for any period of absence from Detachment H in excess of three (3) consecutive work days for annual or sick leave, compensatory time off, or for other reasons, or for any period when the individual is on TDY. If the period of the absence is in excess of three (3) consecutive work days and the dates of the absence are in two calendar weeks, the reduction will be made for the entire period, including non-work days. For example, if the absence is from Wednesday through Tuesday of the following week the reduction will be for seven (7) calendar days. If the allowance for Staff or Contract employees is adjusted downward for absence of more than three consecutive work

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days during the period Monday through Friday due to leave, etc., or any work-day due to TDY, the fact that the individual is [REDACTED] on a Saturday, Sunday or holiday before or after the leave/TDY period will be accepted as evidence that he was available for immediate recall on the non-work day(s) and the monthly allowance will not be reduced for the non-work day(s). Military personnel will be deducted on a per-day basis for that number of days chargeable as leave if the total number of work days included therein is in excess of three (3), or any work day due to

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TDY. The fact that the individual is [REDACTED] on non-work day(s) before or following the leave/TDY period will be accepted as evidence that he was available for immediate recall on the non-work day(s) and the monthly allowance will not be reduced for the non-work day(s). If an individual's allowance is reduced for absences for leave, TDY, etc., then the days the allowance is reduced will be pro-rated against a thirty day month to determine remaining nights on base required to qualify for the balance of the allowance. For example, the requirement is 8 nights on base in a thirty day period or 1 night on base for each 3.75 days in a month. Consequently, if an individual is away for 7 days, then of the remaining 23 days in the month he must spend 6 nights on base to qualify for the remaining portion of the allowance. For each night less than the remaining 6 the monthly allowance of \$90.00 will be reduced by  $12\frac{1}{2}\%$  ( $1/8$ th). To illustrate:

30 days ---- 8 nights = 3.75 days per each night

30 days ---- 7 days leave, etc = 23.00 days remaining

23 days ---- 3.75 days = 6.13\* or 6 nights on base to qualify for balance of allowance.

\*If the percentage of the day is  $\frac{1}{2}$  or less the fraction will be dropped; if more than  $\frac{1}{2}$  a full day will be added.

- F. In lieu of payment under qualifying provisions of paragraph V. E., he may be authorized payment of \$3.00 per diem with no reductions, except BAS adjustment for Airmen, for each day TDY is required at the base providing the individual complies with [REDACTED]

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- G. The Finance Section will pay to the individual the largest amount of per diem computed under provisions of paragraph V. E. OR V. F. Payments will not be computed under provisions of BOTH paragraphs.
- H. Airmen may not draw both the Basic Allowance for Subsistence (BAS) and the full special monthly allowance or per diem. The BAS will be proportionately reduced for any period for which the individual is paid the special allowance. The special allowance or per diem (whether paid in full or reduced for absences) will be reduced each monthly period by an amount equal to 23% of the amount due for the month.
- VI. Authority for the above guidelines is provided in Project Headquarters Messages 9505, 11 May 1967, 5301, 23 August 1968, 6140, 24 September 1968, and 4330 dated 20 June 1969.
- VII. The content of this SOP is restricted to applicable civilian and military personnel of Detachment H, and said personnel are not to discuss this Special Allowance with personnel outside of Detachment H.

  
Detachment Commander

Attachment #1 - Claim for Special Allowance

Distribution:

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Copies:

- 1-Detachment Commander
- 1-Executive Officer
- 1-D/Operations
- 1-D/Materiel
- 2-D/Support (1 for Finance)
- 1-Security
- 3-Headquarters

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S E C R E T

NAME: \_\_\_\_\_ 15TH \_\_\_\_\_ TO 14TH \_\_\_\_\_  
(PLEASE PRINT) PERIOD (ENTER MONTHS)

DATE/MONTH	DUTY STATUS		PERIODS OF ABSENCE INDICATE TDY, A/L, S/L, COMF TIME, ETC	ROOM RENT CHARGE		REMARKS
	ON	OFF		REQUIRED	ACT. A/L.	
15						
16						
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14						
TOTALS						

FOR FINANCE USE ONLY

- TOTAL SPECIAL ALLOWANCE. . . . . \$ \_\_\_\_\_
- LESS \_\_\_\_\_ DAYS @ \$3.00 (PERIODS OF ABSENCE). . . . . ( \_\_\_\_\_)
- DEDUCTION FOR LESS THAN REQUIRED NIGHTS AT HOSTEL. . . . . ( \_\_\_\_\_)
- LESS BAS WHERE APPLICABLE (\$20.70) OR 23% OF SPECIAL ALLOWANCE . . . . . ( \_\_\_\_\_)
- TOTAL CASH DUE SUBJECT. . . . . 1160 \$ \_\_\_\_\_
- PLUS ROOM RENTAL CHARGE \_\_\_\_\_ @ \$1.75 . . . . . 2391 \$ \_\_\_\_\_
- TOTAL EXPENSE TO STATION . . . . . \$ \_\_\_\_\_

CERTIFICATION:

The above person was required to spend the number of nights indicated in the performance of required duties.

\_\_\_\_\_  
Directorate Chief

I HEREBY ACKNOWLEDGE RECEIPT OF \$ \_\_\_\_\_ (ITEM 5 ABOVE) AND CERTIFY THAT THIS CLAIM IS CORRECT AND THAT I WILL NOT BE PAID FROM ANY OTHER SOURCE AND THAT I DID NOT TAKE LEAVE OTHER THAN INDICATED ABOVE.

S/C TO VOUCHER # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

DATE

(Form Mar 69)